

2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Platinum Plans				
NY P FRDM NG 5/15/100 PPO 22				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$2,000/\$4,000, 30%	Single	\$1,442.80	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$5,250/\$10,500	Parent/Child (ren)	\$2,452.76	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,885.60	\$37.00
		Family	\$4,111.98	\$52.73
NY P FRDM NG 20/40/100 EPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,356.75	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,306.48	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,713.50	\$37.00
		Family	\$3,866.74	\$52.73
NY P FRDM NG 5/15/100 EPO 22				
PCP/Spec:	\$5/\$15	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,386.21	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,356.56	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,772.42	\$37.00
		Family	\$3,950.70	\$52.73
NY P FRDM NG 20/40/100 PPO 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$3,000/\$6,000, 30%	Single	\$1,410.33	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,397.56	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$2,820.66	\$37.00
		Family	\$4,019.44	\$52.73
NY P FRDM NG 20/40/100 PPO FAIR 22				
PCP/Spec:	\$20/\$40	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0% Out: \$5,000/\$10,000, 20%	Single	\$1,703.24	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500 Out: \$7,750/\$15,500	Parent/Child (ren)	\$2,895.51	\$31.45
RX plan:	Non-T1 Ded \$100 then \$5/\$35/\$70	Employee/ Spouse*	\$3,406.48	\$37.00
		Family	\$4,854.23	\$52.73
NY P MTRO GT 15/30/100 EPO 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,092.75	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$1,857.68	\$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,185.50	\$37.00
		Family	\$3,114.34	\$52.73
NY P LBTY GT 15/30/250/90 EPO LA 22				
PCP/Spec:	\$15/\$30	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$250/\$500, 10%	Single	\$1,177.73	\$18.50
Max out of Pocket:	In: \$3,250/\$6,500	Parent/Child (ren)	\$2,002.14	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,355.46	\$37.00
		Family	\$3,356.53	\$52.73
NY P LBTY NG 5/35/500/100 EPO 22				
PCP/Spec:	Tier I: \$5/\$35 Tier II: \$25/\$70	Tier	Rate (select counties)	Dep 29 Rider
Ded and Coinsurance:	In: \$500/\$1,000, 0%	Single	\$1,253.18	\$18.50
Max out of Pocket:	In: \$3,050/\$6,100	Parent/Child (ren)	\$2,130.41	\$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,506.36	\$37.00
		Family	\$3,571.56	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Gold Plans			
NY G LBTY GT 30/60/1250/100 EPO 22			
PCP/Spec:	\$30/\$60	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 0%	Single	\$1,059.05 \$18.50
Max out of Pocket:	In: \$6,400/\$12,800	Parent/Child (ren)	\$1,800.39 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,118.10 \$37.00
		Family	\$3,018.29 \$52.73
NY G FRDM NG 15/35/1750/90 EPO 22			
PCP/Spec:	\$15/\$35	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 10%	Single	\$1,149.17 \$18.50
Max out of Pocket:	In: \$7,500/\$15,000	Parent/Child (ren)	\$1,953.59 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,298.34 \$37.00
		Family	\$3,275.13 \$52.73
NY G FRDM NG 25/40/1750/80 EPO 22			
PCP/Spec:	\$25/\$40	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 20%	Single	\$1,139.80 \$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,937.66 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,279.60 \$37.00
		Family	\$3,248.43 \$52.73
NY G FRDM NG 25/40/1500/80 PPO 22			
PCP/Spec:	\$25/\$40	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 20% Out: \$3,000/\$6,000, 40%	Single	\$1,195.29 \$18.50
Max out of Pocket:	In: \$6,800/\$13,600 Out: \$8,000/\$16,000	Parent/Child (ren)	\$2,031.99 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,390.58 \$37.00
		Family	\$3,406.58 \$52.73
NY G FRDM NG 50/50/1000/90 EPO 22			
PCP/Spec:	\$50/\$50	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,000/\$2,000, 10%	Single	\$1,161.92 \$18.50
Max out of Pocket:	In: \$6,200/\$12,400	Parent/Child (ren)	\$1,975.26 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,323.84 \$37.00
		Family	\$3,311.47 \$52.73
NY G FRDM NG 1500/90 PPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10% Out: \$3,000/\$6,000, 40%	Single	\$1,134.91 \$18.50
Max out of Pocket:	In: \$5,500/\$11,000 Out: \$8,000/\$16,000	Parent/Child (ren)	\$1,929.35 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,569.82 \$37.00
		Family	\$3,234.49 \$52.73
NY G FRDM NG 1500/90 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,087.56 \$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,848.85 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,175.12 \$37.00
		Family	\$3,099.55 \$52.73
NY G MTR0 GT 25/40/1250/80 EPO 22			
PCP/Spec:	\$25/\$40	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$926.58 \$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,575.19 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,853.16 \$37.00
		Family	\$2,640.75 \$52.73
NY G MTR0 GT 25/40/600/80 EPO HNY 22			
PCP/Spec:	\$25/\$40 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$600/\$1,200, 20%	Single	\$794.66 \$18.50
Max out of Pocket:	In: \$4,000/\$8,000	Parent/Child (ren)	\$1,350.92 \$31.45
RX plan:	\$10/\$35/\$70	Employee/ Spouse*	\$1,589.32 \$37.00
		Family	\$2,264.78 \$52.73
NY G LBTY NG 30/60/2000/70 EPO 22			
PCP/Spec:	\$30/\$60	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 30%	Single	\$1,020.29 \$18.50
Max out of Pocket:	In: \$8,400/\$16,800	Parent/Child (ren)	\$1,734.49 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,040.58 \$37.00
		Family	\$2,907.83 \$52.73
NY G MTR0 NG 25/40/1250/80 EPO ME 22			
PCP/Spec:	\$25/\$40	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,250/\$2,500, 20%	Single	\$959.94 \$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,631.90 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$1,919.88 \$37.00
		Family	\$2,735.83 \$52.73
NY G FRDM NG 30/60/2250/70 EPO 22			
PCP/Spec:	\$30/\$60	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,250/\$4,500, 30%	Single	\$1,072.48 \$18.50
Max out of Pocket:	In: \$8,700/\$17,400	Parent/Child (ren)	\$1,823.22 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$40/\$80	Employee/ Spouse*	\$2,144.96 \$37.00
		Family	\$3,056.57 \$52.73
NY G LBTY NG 25/50/100 EPO ZD 22			
PCP/Spec:	\$25/\$50	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,157.30 \$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$1,967.41 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,314.60 \$37.00
		Family	\$3,298.31 \$52.73
NY G LBTY NG 1500/90 EPO HSAM 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,500/\$3,000, 10%	Single	\$1,032.90 \$18.50
Max out of Pocket:	In: \$5,500/\$11,000	Parent/Child (ren)	\$1,755.93 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$2,065.80 \$37.00
		Family	\$2,943.77 \$52.73
NY G LBTY NG 20/40/2000/80 EPO 22			
PCP/Spec:	Tier I: \$20/\$40 Tier II: \$40/\$80	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$2,000/\$4,000, 20%	Single	\$1,030.93 \$18.50
Max out of Pocket:	In: \$8,500/\$17,000	Parent/Child (ren)	\$1,752.58 \$31.45
RX plan:	Non-T1 Ded \$200 then \$10/\$50/\$90	Employee/ Spouse*	\$2,061.86 \$37.00
		Family	\$2,938.15 \$52.73
NY G FRDM NG 1750/100 EPO HSAM 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$1,750/\$3,500, 0%	Single	\$1,106.44 \$18.50
Max out of Pocket:	In: \$6,800/\$13,600	Parent/Child (ren)	\$1,880.95 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$2,212.88 \$37.00
		Family	\$3,153.35 \$52.73
NY G FRDM NG 25/50/100 EPO 22			
PCP/Spec:	\$25/\$50	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$0, 0%	Single	\$1,223.04 \$18.50
Max out of Pocket:	In: \$6,000/\$12,000	Parent/Child (ren)	\$2,079.17 \$31.45
RX plan:	Non-T1 Ded \$150 then \$10/\$65/\$95	Employee/ Spouse*	\$2,446.08 \$37.00
		Family	\$3,485.66 \$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Silver Plans			
Plan Name	Tier	Rate (select counties)	Dep 29 Rider
NY S LBTY NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$908.48	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,544.42	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,816.96	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,589.17	\$52.73
NY S FRDM NG 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$959.98	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,631.97	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,919.96	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,735.94	\$52.73
NY S LBTY NG 30/75/3500/60 EPO 22			
PCP/Spec: \$30/\$75	Single	\$889.62	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 40%	Parent/Child (ren)	\$1,512.35	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,779.24	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/50%, max 800%	Family	\$2,535.42	\$52.73
NY S MTRO GT 30/80/3500/70 EPO 22			
PCP/Spec: \$30/\$80	Single	\$770.15	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,309.26	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,540.30	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,194.93	\$52.73
NY S FRDM NG 30/60/2000/80 PPO HSA 22			
PCP/Spec: \$30/\$60 after Deductible	Single	\$1,009.46	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 20% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,716.08	\$31.45
Max out of Pocket: In: \$6,900/\$13,800 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,018.92	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,876.96	\$52.73
NY S LBTY GT 25/50/4500/50 EPO 22			
PCP/Spec: \$25/\$50	Single	\$872.79	\$18.50
Ded and Coinsurance: In: \$4,500/\$9,000, 50%	Parent/Child (ren)	\$1,483.74	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,745.58	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,487.45	\$52.73
NY S FRDM NG 40/70/3000/65 PPO 22			
PCP/Spec: \$40/\$70	Single	\$1,006.84	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35% Out: \$4,000/\$8,000, 50%	Parent/Child (ren)	\$1,711.63	\$31.45
Max out of Pocket: In: \$8,700/\$17,400 Out: \$10,500/\$21,000	Employee/ Spouse*	\$2,013.68	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$40/\$80	Family	\$2,869.49	\$52.73
NY S FRDM NG 25/50/2250/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$970.03	\$18.50
Ded and Coinsurance: In: \$2,250/\$4,500, 20%	Parent/Child (ren)	\$1,649.05	\$31.45
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,940.06	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,764.59	\$52.73
NY S FRDM NG 2000/70 EPO HSA 22			
PCP/Spec: Deductible and Coinsurance	Single	\$952.19	\$18.50
Ded and Coinsurance: In: \$2,000/\$4,000, 30%	Parent/Child (ren)	\$1,618.72	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,904.38	\$37.00
RX plan: Ded Med/Rx then \$10/\$40/\$80	Family	\$2,713.74	\$52.73
NY S MTRO NG 30/80/3500/70 EPO ME 22			
PCP/Spec: \$30/\$80	Single	\$797.88	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,356.40	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,595.76	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,273.96	\$52.73
NY S LBTY NG 25/50/2500/80 EPO HSA 22			
PCP/Spec: \$25/\$50 after Deductible	Single	\$907.69	\$18.50
Ded and Coinsurance: In: \$2,500/\$5,000, 20%	Parent/Child (ren)	\$1,543.07	\$31.45
Max out of Pocket: In: \$6,900/\$13,800	Employee/ Spouse*	\$1,815.38	\$37.00
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,586.92	\$52.73
NY S MTRO GT 35/50/3500/70 EPO HSA 22			
PCP/Spec: \$35/\$50 after Deductible	Single	\$732.14	\$18.50
Ded and Coinsurance: In: \$3,500/\$7,000, 30%	Parent/Child (ren)	\$1,244.64	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,464.28	\$37.00
RX plan: Ded Med/Rx then \$10/\$65/50%, max \$800	Family	\$2,086.60	\$52.73
NY S MTRO NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$895.91	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,523.05	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,791.82	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,553.34	\$52.73
NY S LBTY NG 4000/80 EPO HSAM 22			
PCP/Spec: Deductible and Coinsurance	Single	\$853.46	\$18.50
Ded and Coinsurance: In: \$4,000/\$8,000, 20%	Parent/Child (ren)	\$1,450.88	\$31.45
Max out of Pocket: In: \$7,050/\$14,100	Employee/ Spouse*	\$1,706.92	\$37.00
RX plan: Ded Med/Rx then \$10/\$50/\$90	Family	\$2,432.36	\$52.73
NY S LBTY NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,013.28	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,722.58	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,026.56	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$2,887.85	\$52.73
NY S LBTY NG 25/45/5000/50 EPO 22			
PCP/Spec: Tier I: \$25/\$45 Tier II: \$45/\$75	Single	\$881.11	\$18.50
Ded and Coinsurance: In: \$5,000/\$10,000, 50%	Parent/Child (ren)	\$1,497.89	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,762.22	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,511.16	\$52.73
NY S LBTY NG 40/70/4500/60 EPO 22			
PCP/Spec: \$40/\$70	Single	\$891.08	\$18.50
Ded and Coinsurance: In: \$4,500/\$9,000, 40%	Parent/Child (ren)	\$1,514.84	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,782.16	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,539.58	\$52.73
NY S FRDM NG 50/100/100 EPO ZD 22			
PCP/Spec: \$50/\$100	Single	\$1,068.05	\$18.50
Ded and Coinsurance: In: \$0, 0%	Parent/Child (ren)	\$1,815.69	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$2,136.10	\$37.00
RX plan: Non-T1 Ded \$150 then \$10/\$65/\$95	Family	\$3,043.94	\$52.73
NY S MTRO GT 40/70/3000/65 EPO 22			
PCP/Spec: \$40/\$70	Single	\$803.25	\$18.50
Ded and Coinsurance: In: \$3,000/\$6,000, 35%	Parent/Child (ren)	\$1,365.53	\$31.45
Max out of Pocket: In: \$8,700/\$17,400	Employee/ Spouse*	\$1,606.50	\$37.00
RX plan: Non-T1 Ded \$200 then \$10/\$50/\$90	Family	\$2,289.26	\$52.73

2022 New York Small Group (1-100) Oxford Products: Q1 2022 Rates

Use the table below to review monthly rates for New York small group Oxford¹ products. Rates are for **Region 8** in the Oxford service area, which includes: Nassau and Suffolk counties. This guide is for informational purposes only. We reserve the right to correct any typographical errors. For a complete listing of all New York small group (1-100) products, please contact your sales representative. Note - Healthy NY eligibility: 50 or fewer employees.



Bronze Plans			
NY B FRDM NG 5800/50 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,800/\$11,600, 50%	Single	\$842.26 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,431.84 \$31.45
RX plan:	Ded Med/Rx then \$10/\$40/\$80	Employee/ Spouse*	\$1,684.52 \$37.00
		Family	\$2,400.44 \$52.73
NY B LBTY NG 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$799.14 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,358.54 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,598.28 \$37.00
		Family	\$2,277.55 \$52.73
NY B MTRO GT 7000/100 EPO HSA 22			
PCP/Spec:	Deductible and Coinsurance	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$7,000/\$14,000, 0%	Single	\$682.01 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,159.42 \$31.45
RX plan:	Ded Med/Rx then 0%/0%/0%	Employee/ Spouse*	\$1,364.02 \$37.00
		Family	\$1,943.73 \$52.73
NY B LBTY NG 25/75/5750/70 EPO HSA 22			
PCP/Spec:	\$25/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$5,750/\$11,500, 30%	Single	\$799.74 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,359.56 \$31.45
RX plan:	Ded Med/Rx then 30%/30%/30%	Employee/ Spouse*	\$1,599.48 \$37.00
		Family	\$2,279.26 \$52.73
NY B LBTY NG 30/60/6750/80 PPO HSA 22			
PCP/Spec:	\$30/\$60 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,750/\$13,500, 20% Out: \$10,000/\$20,000, 20%	Single	\$833.79 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100 Out: \$25,000/\$50,000	Parent/Child (ren)	\$1,417.44 \$31.45
RX plan:	Ded Med/Rx then \$10/\$50/\$90	Employee/ Spouse*	\$1,667.58 \$37.00
		Family	\$2,376.30 \$52.73
NY B MTRO GT 40/75/6500/50 EPO HSA 22			
PCP/Spec:	\$40/\$75 after Deductible	Tier	Rate (select counties) Dep 29 Rider
Ded and Coinsurance:	In: \$6,500/\$13,000, 50%	Single	\$679.11 \$18.50
Max out of Pocket:	In: \$7,050/\$14,100	Parent/Child (ren)	\$1,154.49 \$31.45
RX plan:	Ded Med/Rx then \$10/\$65/\$95	Employee/ Spouse*	\$1,358.22 \$37.00
		Family	\$1,935.46 \$52.73

* Employee / Spouse rate is the rate for Employee / Domestic Partner coverage if additional coverage is available and purchased by the group.

¹ Oxford insurance products are underwritten by Oxford Health Insurance, Inc. ©2017 Oxford Health Plans LLC. All rights reserved.